

Idaho Organic Farm Plan Certification Questionnaire

Please fill out this questionnaire if you are requesting organic farm/crop certification. Use additional sheets if necessary. Attach current farm map(s) detailing all fields with field numbers. On the map(s), identify land use of adjoining fields (i.e., conventional crops, residential area, etc.).

SECTION 1: General Information				
Name	Farm		Type of Farm (e.g. row crop, herb, etc)	
Address		City	State	Zip Code
Phone	Fax		E-mail	
Preferred timeframe for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening		Are you applying for Organic Livestock Cert. also? <input type="checkbox"/> yes <input type="checkbox"/> no		Organic Certification No.
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		
Year when complete Organic Farm Plan Questionnaire was last submitted:				
List all crops or products requested for certification:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><hr/><hr/><hr/><hr/></div> <div style="width: 30%;"><hr/><hr/><hr/><hr/></div> <div style="width: 30%;"><hr/><hr/><hr/><hr/></div> </div>				
PICK FROM THE LIST: ALFALFA, ASPARAGUS, BARLEY, BEANS, BERRIES, CARROTS, CORN, FLOWERS, FRUIT TREES, GARLIC, GRAPES, GRASS, HERBS, MELONS, OATS, ONIONS, PASTURE, PEAS, POTATOES, MUSHROOMS, MUSTARD, RYE, SAFFLOWER, SQUASH, ST. JOHNS WORT, SUNFLOWER, VEGETABLES, WHEAT, WILD RICE.				
For re-certification, how have you addressed recommendations from last year's certification? <input type="checkbox"/> No Conditions <input type="checkbox"/> Not Applicable				
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe the circumstances: <hr/> <hr/>			

Rev. 03/04

SECTION 2: Farm Plan Information

Please complete the table below and attach additional Farm Plan Information sheets, if necessary, which show all fields, [organic (O), in transition (T) or conventional (C)], field numbers, acres, harvest dates, crops planted, and inputs applied.

CROPS REQUESTED FOR CERTIFICATION	FIELD NUMBERS	TOTAL ACRES PER CROP	ESTIMATED DATE(S) OF HARVEST	INPUTS APPLIED
e.g. Alfalfa (O)	12	15 acres	6/3 (1 st cutting) 8/15 (2 nd cutting), etc.	

Are all fields requested for certification located at the main farm address listed above? ☐ yes ☐ no

Complete this information for main farm address and each parcel that is in a separate location from the main farm address:

FIELD NUMBERS	PARCEL ADDRESS/ LEGAL DESCRIPTION	NO. ACRES ORGANIC/ TRANSITIONAL/CONVENTIONAL			RENTED (R)/ OWNED (O)*
		O	T	C	
	main farm address listed above				

*If you have rented or owned the fields for less than three years, attach a signed statement from current or previous landowner regarding field history and application of prohibited materials.

SECTION 3: Seed

Please save your seed labels and document your efforts to locate organic seed to show the inspector.

LIST SEEDS: ☐ No seeds used

SEED	BRAND NAME/VARIETY	ORGANIC/UNTREATED	WHAT ATTEMPTS DID YOU MAKE TO USE ORGANIC SEED?

SECTION 4: Source of Seedlings and Perennial Stock

A. IF YOU PURCHASE ORGANIC SEEDLINGS:

☐ None purchased

Who is the supplier? _____

Certified by which agency? _____

B. IF YOU GROW ORGANIC SEEDLINGS ON-FARM:

☐ None grown

What type and size is your greenhouse? _____

If treated wood is used in any part of your greenhouse, where is it used? _____

If you purchase soil mix, list the brand name. _____

What ingredients are in your soil mix? _____

What fertility products or foliar sprays do you use? _____

What inputs/equipment are used in your watering system? _____

How do you prevent seedling diseases? _____

C. IF YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN YOUR GREENHOUSE: ☐ Not applicable

How do you separate and identify organic and non-organic growing areas? _____

How do you prevent co-mingling of organic and non-organic soil mixes during mixing and storage? _____

How do you label organic and non-organic seedlings/plants? _____

What inputs are used in your watering system? _____

How do you prevent drift of prohibited materials through ventilation and/or watering systems? _____

How do you clean seedling containers and equipment? _____

Where do you store inputs used for non-organic production? _____

D. PERENNIAL STOCK: (Use additional sheets if necessary)

☐ Not applicable

DATE PLANTED	TYPE	TRANSPLANT SOURCE	EXPECTED HARVEST DATE

SECTION 5: Soil Fertility Management

A. GENERAL INFORMATION

What are your soil types? _____

What are the major components of your soil and crop fertility plan?

- ☐ crop rotation ☐ soil amendments* ☐ side dressing* ☐ foliar fertilizers* ☐ compost* ☐ soil inoculants
- ☐ on-farm manure ☐ off-farm manure* ☐ green manure plowdown/cover crops ☐ interplanting
- ☐ biodynamic preparations ☐ summer fallow ☐ subsoiling ☐ soil testing ☐ microbiological testing
- ☐ tissue testing ☐ conservation tillage ☐ strip cropping ☐ incorporation of crop residues
- ☐ other _____

Describe each of the amendments asterisked (*) above

☐ Not applicable

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) REGULATED (R), PROHIBITED (P)	REASON FOR USE

If you are using any regulated (R) fertility inputs, describe your plan to reduce or eliminate their use: ☐ Not applicable

B. COMPOST/MANURE USE:

☐ No Changes

What forms of compost/manure do you use? ☐ liquid ☐ semi-solid ☐ piled ☐ fully composted ☐ pelleted ☐ none

☐ other _____

How do you apply compost/manure? _____

During what season(s) do you apply compost/manure? _____

If you use off-farm sources of manure/compost, what are the potential contaminants from these sources?

Attach residue analysis of off-farm manure/compost if available.

List all sources of off-farm manure/compost _____

If you use on-farm manure/compost:

List ingredients/additives _____

Describe your composting method(s) _____

If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt buildup?

☐ Not applicable

C. SOIL EROSION:

What soil erosion problems do you experience and where are they? _____

How do you prevent soil erosion? ☐ terraces ☐ contour farming ☐ permanent waterways ☐ conservation tillage

☐ windbreaks ☐ firebreaks ☐ tree lines ☐ retention ponds ☐ riparian management

☐ other _____

D. Rate the effectiveness of your soil fertility management program: ☐ excellent ☐ satisfactory ☐ needs improvement

What changes do you anticipate? _____

SECTION 6: Crop Management

An active management plan is recommended to maximize soil and crop health, and to prevent weed, pest and disease problems.

A. CROP ROTATION PLANS:

☐ No Changes

CROP ROTATION PLAN	FIELD NOS. WHERE PLAN IS FOLLOWED	ANTICIPATED CHANGES

B. LIST ALL OFF-FARM INPUTS APPLIED IN THE LAST 3 YEARS (36 MONTHS).

MATERIAL	FIELD NO.	ACRES	APPLIED BY	APPLICATION DATE

C. WEED MANAGEMENT PLAN:☐ No weed problems

What are your problem weeds? _____

What weed control methods do you use?

- ☐ crop rotation ☐ field preparation ☐ prevention of weed seed set ☐ soil sterilization ☐ mechanical cultivation
- ☐ use of hand tools ☐ hand weeding ☐ mowing ☐ plastic mulch ☐ natural mulch ☐ flame weeding
- ☐ steam weeding ☐ smother crops ☐ stale seedbed ☐ corn gluten ☐ other _____
- _____

If you use regulated weed control inputs, describe your plan to reduce or eliminate their use: _____

Rate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

What changes do you anticipate? _____

D. PEST MANAGEMENT PLAN:☐ No pest problems**What are your problem pests?**

- ☐ insects (list) _____
- ☐ rodents ☐ gophers ☐ birds ☐ other animals: _____

Do you work with a pest control advisor? ☐ yes ☐ no If yes, give name _____

What strategies do you use to control pest damage to crops?☐ None

- ☐ crop rotation ☐ use of approved products* ☐ use of regulated products* ☐ limited use of prohibited products*
- ☐ companion planting ☐ resistant varieties ☐ beneficial habitat ☐ timing of planting ☐ release of beneficials
- ☐ frog ponds ☐ bat houses ☐ bird houses ☐ hand picking ☐ monitoring ☐ IPM* ☐ trap crops ☐ traps
- ☐ physical barriers ☐ physical removal ☐ other _____

Describe the pest management inputs or methods asterisked (*) above:

☐ Not applicable

PEST PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) REGULATED (R) PROHIBITED (P)	IF REGULATED, HOW DO YOU PLAN TO REDUCE/ELIMINATE USE?	CHECK IF GEO (T)

If you use regulated pest management control inputs, describe your plan to reduce or eliminate their use: _____

Rate the effectiveness of your pest management program: ☐ excellent ☐ satisfactory ☐ needs improvement

What changes do you anticipate? _____

E. DISEASE MANAGEMENT PLAN:☐ No disease problems

What are your problem crop diseases? _____

What disease prevention strategies do you use?

☐ None☐ No Changes☐ crop rotation ☐ field sanitation ☐ resistant varieties ☐ timing of planting/cultivating ☐ plant spacing☐ vector management ☐ use of approved materials* ☐ use of regulated materials* ☐ use of prohibited materials*☐ soil balancing ☐ solarization ☐ companion planting ☐ compost/tea use ☐ other _____

Describe the disease management inputs or methods asterisked (*) above:

☐ Not applicable

DISEASE PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) REGULATED (R) PROHIBITED (P)	IF REGULATED, HOW DO YOU PLAN TO REDUCE/ELIMINATE USE?	CHECK IF GEO (T)

If you use regulated disease prevention inputs, describe your plan to reduce or eliminate their use: _____

Rate the effectiveness of your disease management program: ☐ excellent ☐ satisfactory ☐ needs improvement

What changes do you anticipate? _____

SECTION 7: Water Source and Irrigation*Irrigation water should not contaminate organic crops with prohibited materials.***A. TYPE OF WATER USE:** ☐ irrigation ☐ greenhouse ☐ foliar sprays ☐ washing crops ☐ none ☐ other _____**B. SOURCE OF WATER:** ☐ on-site well ☐ river/creek/pond ☐ spring ☐ municipal/county * ☐ irrigation district*☐ other (e.g. runoff, tail water, etc) _____ Name of municipal/irrigation district _____**C. TYPE OF IRRIGATION SYSTEM:** ☐ none ☐ drip ☐ flood ☐ center pivot ☐ other _____What input products are applied through the irrigation system? _____ ☐ noneWhat products do you use to clean irrigation lines/nozzles? _____ ☐ noneHow do you conserve irrigation water? ☐ scheduling ☐ tensiometer/monitoring ☐ laser leveling/land forming☐ drip irrigation ☐ micro-spray ☐ other _____

SECTION 8: Maintenance of Organic Integrity

A. ADJOINING LAND USE:

Organic production areas shall be protected from contamination by prohibited substances (i.e., pesticides).

List specific buffer areas you maintain: (Show all adjoining land uses on your field maps.) ☐ Not applicable

LOCATION/FIELD NUMBERS	TYPE OF BUFFER (I.E. TREELINE, HEDGEROW, WILDLIFE PLANTING, GRASS STRIP, CROPLAND*)

What additional safeguards do you use to prevent accidental contamination? ☐ None

Written notification to: ☐ highway departments ☐ electric companies ☐ aerial spray companies/airports

☐ neighbors ☐ drainage commissions ☐ farm service office ☐ other _____

Have you posted signs along roadsides that adjoin organic fields? ☐ yes ☐ no

B. SPLIT AND PARALLEL PRODUCTION:

To prevent contamination by non-organic products, organic standards have additional requirements for farmers who are farming conventionally as well as organically. The farm operator must demonstrate the ability to keep crops separate in storage. Storage areas should remain organic and not be switched back and forth. Specific records must be kept to document all crops, inputs, harvest, storage and sales.

Which category best describes your current operation?

☐ 100% organic ☐ predominantly organic ☐ in transition ☐ predominantly conventional crop production

If you farm conventionally, do you plan to fully convert to 100% organic production? ☐ yes ☐ no

What is your plan and time frame for conversion to 100% organic production? _____

Do you grow the same crops organically, in transition and/or conventionally: ☐ yes ☐ no

If you grow any conventional or transitional crops, please fill out the following table: ☐ Not applicable

SPECIFIC CROPS/ VARIETIES	FIELD NOS.	TRANSITIONAL (T) OR CONVENTIONAL (C)	TOTAL ACREAGE	PLANNED USE AND/OR STORAGE AREAS

Prohibited soil amendment use:		
PRODUCT NAME	WHO APPLIES? SELF (S) CUSTOM (C)	WHERE STORED? (ON-FARM OR OFF-FARM; WHERE ON FARM?)

Prohibited herbicide/pesticide use:		
PRODUCT NAME	WHO APPLIES? SELF (S) CUSTOM (C)	WHERE STORED? (ON-FARM OR OFF-FARM; WHERE ON FARM?)

C. EQUIPMENT:

Equipment used in organic crop production shall not contaminate fields or organic crops. Contamination includes risk from oil, fuel, and hydraulic fluids.

List equipment used for planting, spraying and harvesting: ☐ Not applicable

EQUIPMENT NAME	OWNED (O), RENTED (R), CUSTOM(C)	CHECK (T) IF USED ON BOTH ORGANIC & CONVENTIONAL	HOW IS EQUIPMENT CLEANED BEFORE USE ON ORGANIC FIELDS?

Is your equipment maintained so that fuel, oil and hydraulic fluid do not leak? ☐ yes ☐ no ☐ Not applicable

If you use a sprayer ... ☐ Not applicable

Type_____ Did you purchase if new (N) or used (U)?_____

Other equipment: Could any equipment you use have been contaminated by previous uses? ☐ yes ☐ no

If yes, describe: _____

E. POST-HARVEST HANDLING:☐ Not applicable

Post-harvest handling procedures shall not contaminate organic products with non-organic crops or prohibited materials.
 (Note: For on-farm processing, you may need to complete an Organic Processing/Handling Plan Questionnaire.)

Describe your post-harvest handling procedures and equipment: _____

Is the processing area and equipment used for organic products only? ☐ yes ☐ no

Does packaging present any contamination problems for your organic products? ☐ yes ☐ no

If yes, what are they? _____

Check types of packaging material used: ☐ bulk ☐ paper ☐ cardboard ☐ wood ☐ glass ☐ metal ☐ foil ☐ plastic

☐ waxed paper ☐ aseptic ☐ natural fiber ☐ synthetic fiber ☐ other _____

In what form are finished products shipped? ☐ dry bulk ☐ liquid bulk ☐ tote bags ☐ tote boxes ☐ paper bags

☐ foil bags ☐ metal drums ☐ mesh bags ☐ cardboard drums ☐ cardboard cases ☐ plastic crates

☐ other _____

F. CROP STORAGE:☐ No organic crop storage

Describe your storage locations:

STORAGE ID#	TYPE OF CROPS STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C), BUFFER (B)

Do you use the same storage areas for organic, transitional and conventional crops? ☐ yes ☐ no

If yes, how do you segregate organic crops from non-organic crops? _____

If yes, how do you clean storage units prior to storage of organic crops? _____

How do you prevent/control insect pests in stored crops? _____ ☐ No insect problems

How do you control rodents in organic crop storage areas? _____ ☐ No rodent problems

What stored crop inputs have you used in the last three years? ☐ None

☐ synthetic fumigants ☐ sprouting inhibitors ☐ ripeners ☐ growth regulators ☐ preservatives ☐ oils

☐ coloring agents ☐ waxes ☐ other _____

Are any stored crop inputs used for organic crops? ☐ yes ☐ no

If yes, list all inputs: _____

G. TRANSPORTATION:☐ Not applicable**Who is responsible for arranging transportation of organic products:**☐ self ☐ buyer ☐ other _____

Describe how organic products are transported: _____

SECTION 9: Record Keeping System***Organic products must be able to be tracked back to the field/location where they were produced/harvested, including written records of all inputs and production activities.*****Which of the following records do you keep for organic production?**

- ☐ field maps
- ☐ field history sheets (previous three years)
- ☐ input records that show soil amendments, manure, compost, foliar sprays and pest control product applications
- ☐ harvest records that show field numbers and harvest amounts
- ☐ labor records
- ☐ storage records that show storage location, ID numbers, and amounts stored
- ☐ sales records
- ☐ shipping records (such as bills of lading)
- ☐ other _____

Which of the following records do you keep for conventional production?☐ Not applicable

- | | |
|---|---|
| <input type="checkbox"/> field maps | <input type="checkbox"/> labor records |
| <input type="checkbox"/> field history sheets | <input type="checkbox"/> storage records |
| <input type="checkbox"/> input records | <input type="checkbox"/> sales records |
| <input type="checkbox"/> harvest records | <input type="checkbox"/> shipping records |
| <input type="checkbox"/> other _____ | |

TYPE OF MARKETING:

- ☐ farmers market ☐ direct to retail ☐ CSA/subscription service ☐ wholesale ☐ on-farm retail
- ☐ bulk commodities to processor ☐ contract to buyer ☐ other _____

Do you use the seal of the certification agency on organic product labels. ☐ yes ☐ noHave you previously submitted your current organic product label? ☐ yes ☐ no (If yes, you need not submit a copy of label. Otherwise attach copies of all organic product labels.)**SECTION 10: Certification Services**Rate services provided by the Idaho State Dept. of Agriculture: ☐ excellent ☐ satisfactory ☐ needs improvement

Please comment _____

SECTION 11: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time. I agree to follow organic standards.

Signature of Operator _____ Date _____

I have attached the following additional documents:

- ☐ **Maps of all parcels/fields** (showing adjoining land use and field identification)
- ☐ **Field history sheets** (with letter of three-year history for fields owned or rented for less than three years)
- ☐ **Water test, if applicable**
- ☐ **Soil, plant tissue and/or residue analyses, if applicable**